L0000054332

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phon	e #)
·		·
PICK-UP	☐ WAIT	MAIL .
/D:	siness Entity Na	
ua)	isiness Enuty ivai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	ļ

Office Use Only



200073877542

05/04/06--01035--011 **160.00

06 MAY 25 AM 8: 47

SECRETARY OF STATE

W06-22190

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOP COVER MAINTENANCE (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAMUEL A. MADISON (Name of Person)
TOP COVER MAINTENANCE (Firm/Company)
(China Sangang)
1112 WESTON ROAD, SUITE 270
WESTON FL. 33321
WESTON, FL. 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
Samuel A. MADISON at (954) 655-3595 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \$125.00 Filing Fee \$\int \text{\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \$125.00 Filing Fee \$\int \text{\$2\$} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
In the rich find his often colors of the col
Contract to the second



May 15, 2006

SAMUEL A MADISON 1112 WESTON RD SUITE 270 WESTON, FL 33326

SUBJECT: TOP COVER MAINTENANCE

Ref. Number: W06000022190

We have received your document for TOP COVER MAINTENANCE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 706A00034020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	главину Сопіра	my is.	
TOP	COVER	MAINTENANCE, "Limited Company" or their abbreviation	LLC
(Must end with the words "Limite	d Liability Company,	, "Limited Company" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and		the principal office of the Limi	ted Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	

1112 WESTON KOAD	1112 WESTON ROAD
SUITE 270	SUITE 270
WESTON, FL. 33326	WESTON FL 33326
·- /	,
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis	stered Agent. You must designate an individual or another
business entity with an active Florida registration.)	. 54

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

SAMUEL A. MADISON 1112 WESTON ROAD # 270
Florida street address (P.O. Box NOT acceptable) WESTON FL 33326
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

·		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM MEMBER	SAMUEL A. MADISON 13153 SW 25+h PL DAVIE, FL 33325	
MGR	KARLOS BARNES 1112 WESTON Rd #270 WESTON, FL 33326	
MGR	KENT MC GRAW 1825 VENTURE CENTERWA BOYNTON BEACH, FL 334.	ay 327
- 100 (200)		_ _ _
(Use attachment if necessary)		
	ne date of filing: (OPTIO be specific and cannot be more than five business	
REQUIRED SIGNATURE:	ber or an authorized representative of a member.	
(In accordance with of this document cor that the facts stated	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	0

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)